U.S. Department of Labor Office of Labor-Management Standards Washington, 2210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIO	INS CAREFULLY BEFORE PREPARING THIS REPORT.
E (AUG 1 7 2005)	
1. File Number U - \$825	2. Fiscal Year Covered From:
16025	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name STEVEN L Jacobs	Name IBew Local#212
	Labor Organization File Number 811-118
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 101
Street 1/12 VILLagegreen Di	r Street 1216 East McHillan Street
City (COLD SPring	City Cincinnati
State Ky ZIP Code + 4 4/	1076 - State Oh 10 ZIP Code + 4 45206
5. Position in labor organization.	Alla
A. Held an interest in, engaged in transactions (including loa	ur organization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	r.D. Pariouit.
City	
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, uncombitted in this report (including the information contained in an undersigned's knowledge and belief, true, correct, and complete	der penalty of Perjury and other applicable penalties of the law, that all of the information by accompanying documents), has been examined by the signatory and is, to the best of the
submitted in this report (including the information contained in ar	der penalty of Perjury and other applicable penalties of the law, that all of the information by accompanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing STEVEN L Jacobs	File Number U-
B. Held an interest in or derived income of economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name LOCAL #212 BENEFIT OFFICE Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 204 Street 1216 EDST MCMILLAN STREET City Cin Cin NaTi State 0hio 2172	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name LOCAL#212 Health+ Wel Fare Benefit Trade Name, if any: Health+ Wel Fare Trust P.O. Box, Bldg., Room No., if any	Plan/Reimbursement of Trustee expense/ Lost Time Wages
Street SAMe	
1	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received. In Performance of Trustee Duty
	12.b. Amount. 4 2627.00
	7,000,00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
uncluding trade name if any)	14.a. Nature of payment.

(including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Form LM-30 (2003)

L.U. NO. 212 I.B.E.W. BENEFIT OFFICE

1216 EAST MCMILLAN STREET, SUITE 204 CINCINNATI, OHIO 45206 (513) 861-4800

THE ROLL OF HALL HAD BEE COMORGO (MB* 24)

(H&W) Local No. 212 IBEW Health and Welfare Benefit Plan

(Pension) International Brotherhood of Electrical Workers Local Union No. 212 Pension Plan Andreas Brotherhood of Electrical Workers Local Union No. 212 Pension Plan Andreas Brotherhood of Electrical Workers Local Union No. (SUB) IBEW Local No. 212 Supplemental Unemployment Benefit Plan

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No. of May

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No.

Steven L. Jacobs 112 Village Green Drive Cold Springs, KY 41076

EXPENSES ASSOCIATED WITH 2004 CONFERENCE - INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT RUANS AND A THIRD BOWLESS **Date of Check** Check # **Amount** Fund Amount 7/21/2004 H&W 27010 \$300.00 00円、07番

LOST TIME WAGES Date of Check Fund Check # Hours Gross: **FICA** Fedeal State Gity -> -Net--8 193.92 2/20/2004 H&W 3364 \$14.83 \$14.37 \$7.04 \$4:07 31 \$153.31 810 \$193.92 3/26/2004 H&W 3407 \$14.83 \$14.37 \$7:04 ... \$4.07.918 \$153.31 8 \$193.92 4/23/2004 H&W 3440 \$14.83 \$14.57 \$7:04 \$4.07'91# \$153.31 8 \$193.92 5/28/2004 H&W 3484 \$14.833 \$1457 \$7.04 \$4.07 \$153.31 8 \$193.92 7/2/2004 H&W 3532 \$14.83 \$14.57 \$7.04 \$4.07 \$153.31 10.80 \$193.92 7/9/2004 3542 \$14.83 \$1457 H&W \$7.04 \$4.07 \$153.31 8 7/23/2004 H&W 3559 \$193.92 \$14.83 \$1457 \$7.04 \$4.07 \$153.31 8 \$193.92 7/30/2004 H&W 3569 \$14.83 \$1467 \$4:07 \$153.31 \$7.04 ** 8 - \$193.9**2**\$ \$14083 \$1467 \$4.07812 \$153.31 9/10/2004 H&W 3621 \$7:04 9/17/2004 H&W 3632 - 8 5 \$193<u>:</u>92₫ \$14.83 \$1457 \$7.04 \$497988 \$153.31 8 \$193.92 10/29/2004 H&W 3682 \$14,83 \$1437 \$7.04 \$4:079:2 \$153.31 12/17/2004 H&W 3737 * 8 * \$193.92 \$14.83 \$1437 \$4:07818 \$153.31 \$7:04 Total 96 \$2,327.04 \$177.96 \$176)4 \$84,48 \$48.84 : \$1,839.72

> LM-10 and LM-30 Disclosure Statement 1/1/2004 - 12/31/2004

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